

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$74.00 for date of service 01/12/01.
- b. The request was received on 01/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)-1500
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/07/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/10/02. The response from the insurance carrier was received in the Division on 06/17/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/08/02:

"I am disputing this claim on...code 95869 for the payment of \$74.00....The first denial ...was 'Included in global'....this 95869 is for a limited study on the thoracic spinal muscle testing and...does not fall under any global fees....I submit this is a legitimate service and deserves full reimbursement..."

2. Respondent: Letter dated 05/21/02:
“The CPT book lists CPT 95864 as a needle electromyography, four extremities **with or without related paraspinal areas**. CPT code 95869 is described in the CPT book as Needle [sic] electromyography thoracic paraspinal muscles. CPT 97864 includes 95869 per the CPT book descriptor.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/12/01.
2. The provider billed \$138.00 for CPT code 95869 on the disputed date of service.
3. The carrier denied the billed service by denial code, “G – INCLUDED IN GLOBAL.” The carrier did not reimburse the provider for any of the billed charge. The MAR value of CPT code 95869 is \$74.00.
4. The amount in dispute is \$74.00 for date of service 01/12/01.
5. The Medical Fee Guideline does not support the denial of CPT code 95869 being global to any other CPT code, therefore, CPT code 95869 can be billed as a separate procedure. Reimbursement of \$74.00 is recommended.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$74.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of August, 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.